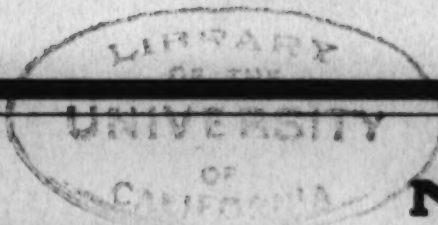


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VIII  
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NO. 10

# THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

Incorporating  
THE LOS ANGELES JOURNAL OF ECLECTIC MEDICINE  
AND THE CALIFORNIA MEDICAL JOURNAL

ISSUED MONTHLY

OCTOBER, 1915

O. C. WELBOURN, A. M., M. D., Editor

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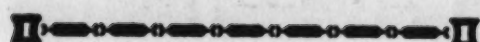
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former malady it should be borne in mind that the best results will be obtained by recommending the patient to a dentist for proper cleaning of the teeth. It is interesting to note that pyorrhea is often complicated with other diseases and that these complications have often been ameliorated or entirely relieved after the administration of Alcresta tablets of Ipecac.

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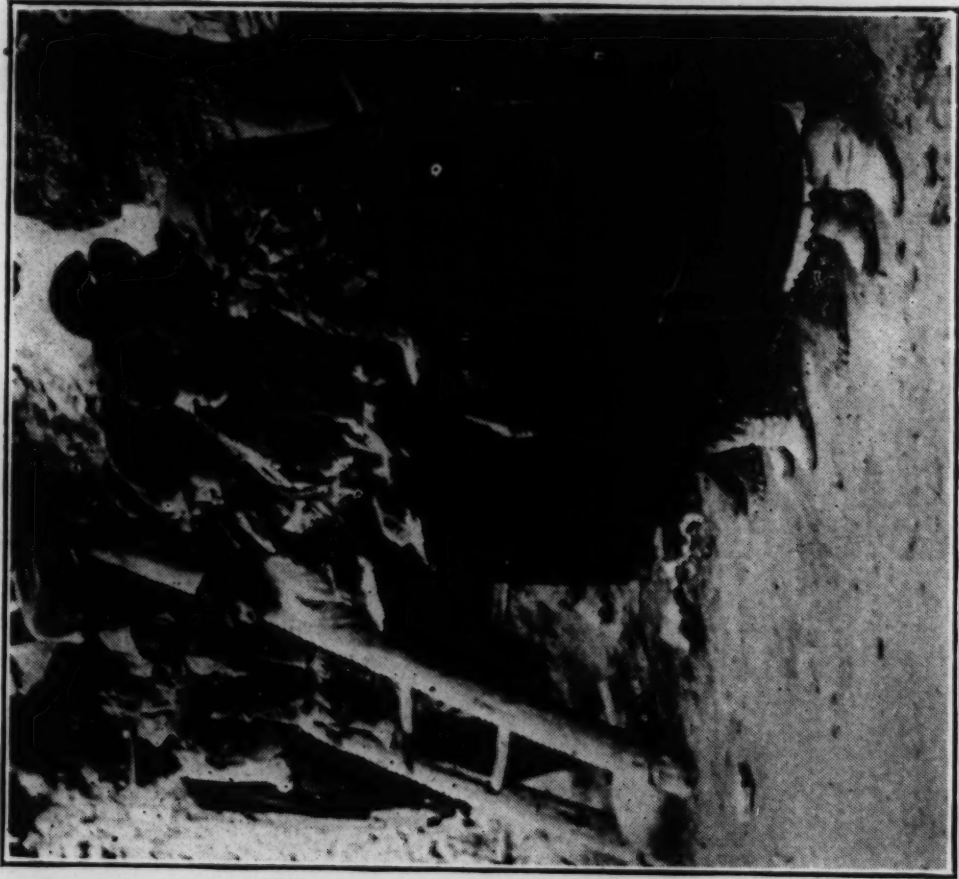
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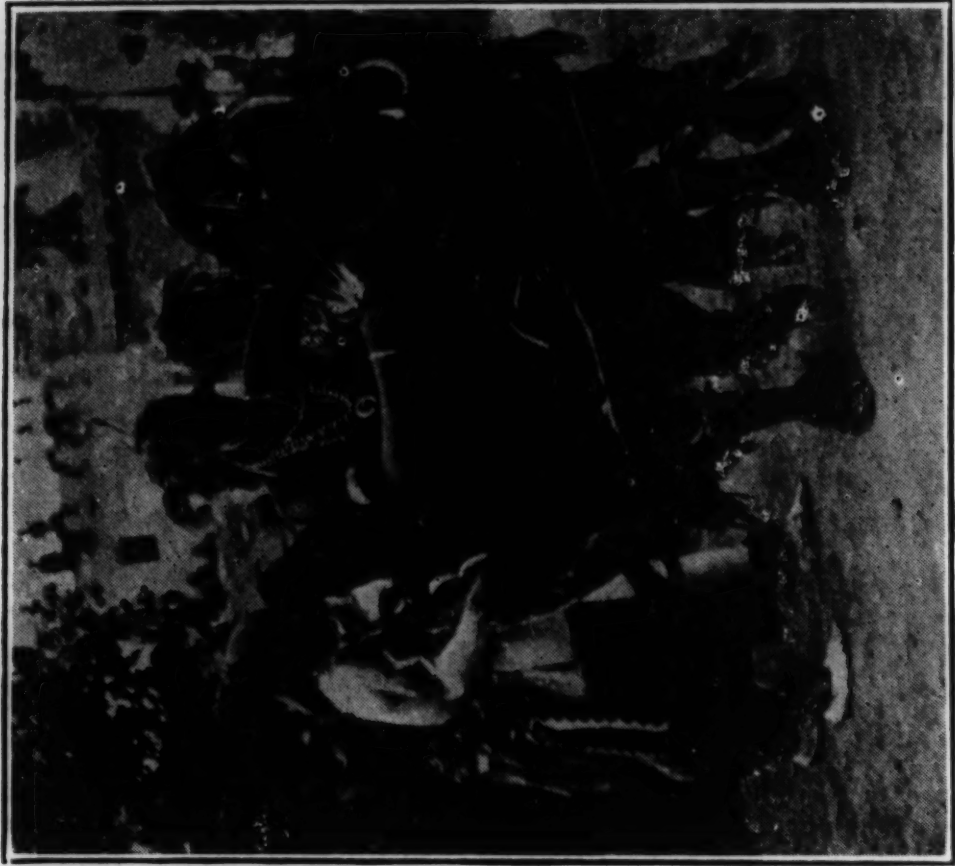








INDIAN MAIDENS WITH SACRED MEAL



INDIAN DANCERS



# The California Eclectic Medical Journal

Vol. VIII

OCTOBER, 1915

No. 10

## Original Contributions

### THE MOQUI SNAKE DANCE

J. A. Munk, M. D., Los Angeles, California

I have seen the Moqui Snake dance four times and find that it never loses its interest. The dance is held some time during August and is celebrated as a holiday. It is a sacred rite to bring rain, which is needed to mature the growing corn crop.

The Moquis live in stone houses, in eight villages, that are built on three high, rocky mesas, on their Reservation, in north-eastern Arizona, and number about 2000 souls. They have a picturesque country, that is like a fairyland of enchantment. Reaching far away from these mesas towards the South, stretches a vast landscape of surpassing beauty. A wide valley intervenes between the viewpoint and horizon, that is dotted during the summer with green meadows, corn fields and peach orchards; and the San Francisco Mountains, Moqui Buttes and numerous mesas combine to form the distant skyline. It is the dream of artists and poets and many of them are improving their opportunity.

The Moquis have many different clans and lodges and their ceremonials are numerous. The white man prides himself on the number of his secret orders and the variety of rituals and regalias. If such things are evidence of superiority, then the Moqui excels the white man, as his round of lodge work is a continuous performance. Agent Charles Burton, years ago, claimed that he could not get the Indians to do anything, as they were always busy in their Kivas.

The Moquis live in a land of drouth, where rain is scarce and water is a subject of great interest to all the people. The snake dance is designed to improve the water question and invariably proves to be effective and brings the needed rain and



joy to everybody. I saw more water and mud on my recent trip to Moqui land, than on any previous visit.

The Moquis are a peace-loving people and, like Mr. Bryan, believe in peace at any price. The legend of the snake dance states that two brothers once had a quarrel, when one was turned into a snake. When the other brother realized what had happened, he was deeply grieved and vowed to spend his life in the pacification of his offended brother. That resulted in the origin of the snake clan and dance and the kindly treatment of all members of the snake tribe. This action also included the power to influence rain and the snake became the messenger to carry the Moqui prayer to the rain god to send more rain.

The snake dance may be a barbarous practice, but the participants in the dance are as sincere and earnest in their desire, as is the Christian in his religious devotions. A sight of this ceremony and the fearless handling of so many poisonous reptiles is startling to the uninitiated; and from a cause of fear and prejudice produces a feeling of horror in the average spectator. The dancers are sometimes bitten by the rattlesnakes which they handle, but never receive any harm, as the antidote they use makes them immune to the poison. It consists in a decoction of native herbs that is a secret and is known only to the chief snake priest and his assistant. The remedy is taken both internally and applied locally by the person bitten and is used as an emetic and ablution in the purification act of the body after the dance. The dance has been frequently described and need not be repeated here in detail; but the fact goes to show the difference that exists in people. We think every fellow queer who is not of our faith and practice, and the others doubtless think the same of us.

The Moquis have practiced dry farming successfully from the time immemorial. Several years ago the Government sent a man to teach them how to farm; but instead of helping the Indians, it was not long before the farmer had to call upon them for help.

The parents are very fond of their children and spend much time in entertaining and amusing them. They have a system of Kindergarten instruction that is unique and was practiced long before we ever thought of such a thing. They make dolls to represent their Kachinas or deities, which are given to the children to use as playthings; and serve as object lessons to teach them how to walk in the ways of their fathers.

They also observe woman's rights in a very practical man-



ner. The woman owns the house and all of its belongings. The girl proposes marriage and "pops the question" by offering some little gift to the man she loves. After a couple are married, the husband goes to live with his wife, instead of the wife with the husband, as is our custom. If he proves unsatisfactory, he is divorced by the wife. She puts his personal effects out of doors, and when he returns and finds what has happened, he knows that he has lost his "happy home." However, he is still his "Mamma's boy," and picks up his traps and goes to his mother's house to live, which is again his home until some other woman marries him, when he goes to live with his new wife.

There were two snake dances this year, one at Mishongnavi, at the second mesa, on August the twenty-fourth, and the other at Walpi, at the first mesa, two days later, on August the twenty-sixth. There was a feature in the first dance, where the people are less modernized, that is unusual. The dance was halted and a man among the spectators, who was evidently a visiting snake brother, was installed in the Kisa and handed out the snakes to the dancers, which was a fine courtesy. There was a big bull snake used in this dance that was of unusual size. It was as thick as a boy's arm, and between five and six feet long. When held by the neck in the mouth of the dancer, the tail dragged on the ground.

When visitors leave the railroad to go to the dance, they can start either from Gallup, Holbrook or Winslow, but have to take food and bedding and be prepared to camp out, as there are no hotels to accommodate them. The distance to the Moqui villages is about 125 miles via Gallup, Ganado and Keams Canon. This route is managed by Hon. J. L. Hubbell of Ganado, Arizona, who has been an Indian trader among the Navajos all his life, and arrangements can be made with him to take the trip. At Ganado I found myself one of a large party who were going to the dance. In former years traveling in the Indian country was done either on horseback or by wagon; but now everything goes in automobiles. Mr. Hubbell knows how to entertain his friends and takes the very best care of his people. His unfailing kindness and generosity to his guests are above praise and especially appreciated in a country where the conveniences and comforts of travel are few.



**HERNIA****H. W. Crook, M.D., Long Beach, Cal.**

There is quite a large variety of hernia which may occur by the protrusion of any viscus through the walls of the cavity containing it.

In the study of embryology when we consider the manner in which the different parts of the body develop, the fact that hernia does not occur any oftener than it does is truly to be marveled at.

We will not take time to mention all of the varieties that are found, but will confine our attention to some of the most common ones and the different methods of treating the condition.

Ordinarily when hernia is spoken of we think of either the inguinal, femoral or umbilical varieties which occur at points in the abdominal wall weakened by the passage of vessels, nerves, etc.

Rose & Carless says that incomplete obliteration of the funicular process of the peritoneum is the cause of the majority of cases of oblique inguinal hernia in males, and under the age of 25 in females hernia into the Canal of Nuck is the most frequent variety met with.

Some of the congenital causes are:

- (a) Non-obliteration as above.
- (b) Inherited weakness of abdominal walls.
- (c) Congenital phimosis causing forced micturition.

Acquired causes are:

- (a) Strains, especially occupational ones.
- (b) Constipation, enlarged prostate, stricture, etc.
- (c) Relaxation of the mesentery, allowing the intestines to lie in the hypogastric region, is apt to cause the direct form especially in old people.
- (d) Obesity is also common cause in old people.

It is unnecessary to go into detail as to the construction of the hernial sack, as the actual condition found at the time of an operation depends on the length of time the condition has been present; also whether or not there have been any palliative measures taken to relieve it. Any of the abdominal contents, except perhaps the pancreas, may be found in the sac, although it is unusual to find any except small intestine or omentum. The vermiform appendix is occasionally found in hernia on the right side, in which case patients usually give a history of repeated attacks of inflammation of the sac and



it is usually more painful than an ordinary case, the pain being referred to the umbilicus.

When the bladder is involved in the hernial sac, it constitutes a very serious condition if unrecognized at the time of operation, as it may be opened and extravasation of urine take place into the peritoneal cavity resulting in a fatal issue if the condition is not promptly relieved by opening up the wound, closing the hole in the wall of the bladder and draining the peritoneal cavity.

#### **Palliative Measures**

Trusses of all shapes and material are used, as no kind is applicable to all cases.

For infants a skein of yarn is used as a truss in inguinal hernia and if rightly employed, they often respond to such measures. It is necessary to change this form often as a hygienic measure.

In adults the usual form is some kind of a pad varying in size and shape to meet the necessary conditions. They give the patient temporary comfort while worn and sometimes effect a cure if applied early and in such a manner as to cause a certain amount of irritation.

#### **Radical Measures**

The mortality in properly treated cases under surgical means is less than one-half of one per cent. Certain conditions must be taken into consideration in giving a prognosis which gradually becomes less favorable as the age of the patient increases, being most favorable at puberty.

There are almost as many operations for hernia as there are surgeons, figuratively speaking, as each one has endeavored to make it just a little different that his name may be attached to it.

#### **Bassini's Method**

One of the most common and among the best is Bassini's method, in which after division of the tissues, isolation and excision of the sac, the surgeon completes the operation by making a new floor for the canal by drawing the arched fibres of the internal oblique and transversalis or the conjoined tendon down to Poupart's ligament. The spermatic cord is held up out of the way by a loop of gauze or other means while these sutures are being placed. It is to be remembered in placing these sutures that the external iliac vessels are in very close proximity and may be injured.

#### **Macewen's Method**

In Macewen's method the inguinal canal is explored



through the external ring without division of the aponeurosis of the external oblique. The hernial sac is made into a pad, manipulated into position and fastened in such a way as to close the internal ring. Sutures are passed from the conjoined tendon to Poupart's ligament, drawing it up in front of the cord. It is obvious that one loses the advantage of opening the canal in using this method. It is also more difficult to perform than Bassini's.

#### **Halstead's Method**

In Halstead's method the cremaster muscle is used to help form a floor for the canal and the aponeurosis of the external oblique is over-lapped in front of the cord. Excellent results are said to have followed this method.

The treatment of the congenital form is essentially the same except that it is necessary to close the upper and of the tunica vaginalis with a suture or ligature.

After treatment consists in placing the patient in bed in the recumbent position until sufficient time has elapsed to allow cicatricial tissue to form and after three weeks allowing the patient to gradually resume their usual vocation. Recurrence occurs in less than 10 per cent and usually during the first year, if at all.

### **TO THE STUDENTS OF SPECIFIC MEDICINE OF THE CALIFORNIA ECLECTIC MEDICAL COLLEGE**

**Dr. J. F. Willard, Los Angeles, California**

The science of the Practice of Eclectic Medicine is based upon the knowledge of the action of a "Specific Medicine" upon a Pathological condition of primary cells which constitute an organ or part. It is to the credit of many years of careful study that has brought this science to the high plane which it has attained, nor will there be any slacking in the study until it has reached its zenith, to relieve pain, shorten the duration of disease and by so doing prolong life.

A medicine to be Eclectic must have a known influence upon the activity of the Histogenic Primary Cells, exciting to normal function, correcting pathological conditions, and adding incentive to the renewal of life and vital vigor. The vital function of these primary cells is so complete that they are capable of sustaining their own life; they are capable of nutrition, multiplication, function and repair—this vital performance of the nucleated cells is accomplished in the same ratio as is the quality and supply for their nutrition.



These microscopic cell organisms are possessed of a very vital function—that of doing their own selecting or choosing the nutrition which corresponds to their requirements so that the various bodies of the different classes of primary cells may take nutrition from the common storehouse of foods. There is something peculiar about the way in which nutrition is supplied and taken by each individual cell. It also seems peculiar that medicines are taken in the same way by the cells. This perhaps in many instances accounts for the rapidity of action of many medicines when taken in solution or in such consistence as it may be taken up by the lacteals and other avenues, then carried by the circulation to every part of the anatomy, “bathing,” as it were, every individual primary cell by contact, the cell taking by absorption that which it has an affinity for or selects; so that by adding a medicine to the circulating fluid that has an affinity for a class of cells, or is selected by the cells, the medicine becomes direct or specific to these primary cells and the influence upon the cell tissue will be the influence which the specific medicine is inclined to produce, whether stimulant, sedative, anaesthetic, oxidizer or nutrient. This power or affinity possessed by the cells is taken advantage of in the application of specific medication—that by knowing to what class of cells a certain remedy has an affinity it becomes a specific to all organs composed of that class of cells.

This is the Law of Eclectic Medicine: The phenomena or symptoms which accompany or are the result of a pathological condition of the cells of an organ are in a measure a guide in Specific Diagnosis.

Specific Diagnosis is the science of the phenomena resulting from a pathology of the cell bodies composing an organ, and the directing of the specific remedy for its relief.

A medicine being specific or direct to a class of nucleated cells will ever give to these cells the same influence provided the same conditions or environment exist about the cells.

That a known pathological state of the cells existing may be relieved by a medicine at one time, the same condition should it exist at another time may be relieved by this same specific medicine.

Then as are the primary cells capable of excitement or stimulation to normal activity so will be the influence of the specific medicine toward that result.

As aforesaid, the work of the primary cell is to nutrition, multiplication and repair, so that the selection of the specific medicine will be to that end—repairing the pathology and stim-



ulating to nutrition and multiplication. Here the rule of three may assist in directing what character of medicine may be utilized—"Excess"—"Defect" or "Perversion." Should the condition of the cell bodies be below normal it would be necessary to apply a medicine that will influence as a stimulant or excitant to their lagging energies—a stimulant to increase the nutritional impulse and vitality; or to supply a medicine whose chemical constituents are food to the cell bodies. Should the condition of the cell bodies be that of excitement above normal, they working overtime, a remedy having a sedative influence would be selected to quiet and bring down to normal function, thus avoiding so rapid destruction of cell tissues. For that septic condition or where low organized materials are an impediment to the physiology of the cells—broken down tissues, debris, not in proper condition to be eliminated, we may direct a specific medicine which will farther disintegrate and prepare it for its removal; possibly this specific may be of the character of an Oxidizer—a remedy holding or containing a superabundance of oxygen has an affinity for organic matter, acting quickly upon that which is of low organization or has least resistance, so that the first to be attacked by the oxidizer is the detritus or waste material in the blood vessels, or wherever it may come in contact, thoroughly disintegrating it. If destroyed there would be nothing to eliminate. After which it is readily eliminated.

The specific medicine may be an excitant to a class of cells whose duty or function is to combat any detritus or deleterious material which comes in contact with them through the circulation, or to utilize it in the body economy. The liver utilizes much of the venous burden of the spleen, of the stomach and mesenteric veins, all this is to be worked over by the hepatic cells and the debris disposed of by way of the hepatic duct, or into the venous circulation for further elaboration, and elimination by the kidneys and other emunctories. The spleen is perhaps the sorting chamber for the red corpuscles. The various glands along the alimentary tract make up the gristmill for the entire anatomy. Each class of primary cells goes to form the collection of cell bodies which form the various organs; each cell has a vital function peculiar to its individual class. Even the ductless glands have a very vital function which is of great importance to the better "structural" anatomical economy. The lymphoid tissue and lymph nodes are as watch dogs at the door—in a way, they are a filter for the lymph which undergoes great alterations as it passes from



the lacteals and sinuses to the subclavian vein where it is turned in as white blood. These nodes or lymphatic cells secrete or generate a vital force which vivifies and prepares the lacteal fluid to become perfect lymph; then as is the perfection of the lymph so will be the cell nutrition, multiplication and repair.

From all this comes the study of the wrongs of life, the science of Specific Diagnosis and Specific Medication. There are a goodly number of medicines that are specific or direct in their action and which directly influence a class of primary cells. A number of them perhaps being excitant in their influence and others that are sedative or depressant. So that a choice may be made to correspond with the requirements of the pathology. There are certain symptoms or phenomena caused by the pathology which we note and read to us the indicated specific medicine.

A medicine is known to be specific when it is known to have a direct action upon a class of the primary cells, as has Chionanthus upon an inactive congested liver when the conjunctiva is yellow, skin sallow, stools clay colored, pulse forty to sixty per minute. The patient is dull of intellect and lazy to all appearance; lack of energy shown in every move. The primary hepatic cells lack impulse to do their work; they require excitation and get it from the specific medicine Chionanthus. The hepatic cells very soon are at work and the pathology is dispersed as a fog in a noonday sun.

As to pathological conditions of the lymphoid tissue and lymph nodes; they are large, swollen, tumorlike, the cervical nodes prominent, tonsillar glands large and spongy, giving off a tenacious exudate, the skin showing a sallow, waxy, doughy or cachectic appearance; whether of a carcinoma, spirochaeta pellida, diphtheria, scarletina or cynanche maligna, Phytolacca will be specific and a direct excitant to greater activity of the lymphoid cells, intensifying or increasing the vital secretion or power of these microscopic organisms to the invading debris or infection, clearing the avenues of the nodes of their obstruction and giving impulse to perfect lymph secretion for the support and nutrition of perfect health.

Eclectic, Specific, or Direct Medication is the true science of cure and when complete will fulfill the edit, "Relieve pain, shorten the duration of disease, and by so doing save life."

Even the perpetuation of Tuberculosis is by the wrong of condition of primary cell life. The impairment furnishes the culture media for its propagation.



**ACUTE HYDRAMNIOS****H. V. Brown, M. D., Los Angeles**

Hydramnios is a case of too much fluid in a pregnant uterus. The word acute seems to signify that said fluid accumulates very rapidly, especially in cases occurring after the fifth or sixth month of pregnancy—so rapidly, in fact, that the condition often becomes a very distressing one to the victim. It is stated that this condition occurs once in about 300 cases. If you fail to get yours in the first 300 you may get it in the second or third allotment. I waited about twelve years for mine and nearly mistook it for something else when it finally arrived, and this near calamity is really my best excuse for presenting the subject for your consideration. There may be others asleep at the switch.

The case in question was Mrs. R., age 40, a multipara, having borne one daughter, age 10. This labor was reported as an instrumental delivery with great difficulty and considerable injury to cervix and perineum. Following this labor she suffered some from endometritis and her menstruation was very irregular, several months elapsing with no appearance of the menses. As a consequence, when pregnancy occurred, she was wholly unaware of the condition for several months, there being no unusual symptoms to arouse her suspicions. When I was first consulted we decided that if the condition was one of pregnancy it could hardly be more than five months advanced. However, we were confronted with a tumefaction of the abdomen equal to that of normal term, the enlargement having increased very rapidly during the past few weeks. Upon thorough and repeated examinations it was determined that the condition was in fact one of pregnancy with an alarming increase in the amniotic fluid. This conclusion did not entirely remove the possibility of a co-existing cystic tumor. The child in utero exhibited so little activity that the patient was unable to state definitely that she could feel motion. During the two weeks that the case was under observation the lady suffered much from pressure and dyspnoea, especially when reclining, and her mental anxiety was quite intense.

Her physical condition being good, and there being no positive indications for immediate interference, we pursued the watchful waiting policy.

Finally at 4 o'clock one chilly morning, the alarm was sounded and the doctor had to hurry to reach the scene in time to claim his fee. A water-logged baby arrived with a great



deluge of amniotic fluid and our fears were evaporated. The child was heavy like lead, the tissues being full of water and proved to be about six months advanced. The recovery of the mother was uneventful save for the chronic endometritis which had previously existed and which has since been successfully treated. She is now menstruating regularly as a result of her recent experience.

# **CALIFORNIA BOARD OF MEDICAL EXAMINERS**

**For Physician and Surgeon Applicants Only**

## **BACTERIOLOGY AND PATHOLOGY**

**A. M. Smith, M. D.**

9 A. M. to 11:30 A. M., July 13, 1915

1. (a) Describe in detail the Ziehl-Neelson staining method for differentiating tubercle bacilli.  
(b) What is the appearance of the tubercle bacillus with this stain?  
(c) What is meant by an acid fast bacillus?
2. Discuss immunity both natural and acquired. Under what theories are small-pox vaccination and diphtheria anti-toxin employed?
3. What is tuberculin? What are the varieties and how are they employed in medicine?
4. How would you proceed to take a throat culture? Discuss the microscopic picture and tell how you would declare a diphtheria culture positive microscopically.
5. Define toxins, anti-toxins, ptomaines, leukomains, amboceptors, lysins and bacterio proteins.
6. Define pathogenic bacteria. Name three Gram negative pathologic diplococci.
7. Describe two ways in which the heart may be enlarged. Differentiate concentric, eccentric and simple hypertrophy.
8. Describe the gross appearance of a spleen and discuss the microscopic and macroscopic picture of the spleen in miliary tuberculosis.
9. Discuss in detail the pathology of pyloric stenosis.
10. Describe in detail the usual pathology of hemorrhage of the brain.
11. Define anthracosis, atelectasis, bronchiectasis and give the etiology.



12. Describe in detail the differentiation between transudate and exudate.

(Answer ten questions only)

**For Drugless Applicants Only**

**PATHOLOGY AND ELEMENTARY BACTERIOLOGY**

**A. M. Smith, M. D.**

9 A. M. to 11:30 A. M., July 13, 1915

1. Discuss the proper equipment of a laboratory for teaching elementary bacteriology.
2. Explain in detail the preparation of six culture media and the uses of each.
3. Discuss the various steps and explain the reasons for the same in the determination of bacterial contamination of milk.
4. Classify bacteria according to morphology and name at least three examples of each.
5. Describe in detail methods of staining the following organisms: tubercle bacillus, gonococcus, streptococcus, entamoeba, and treponema pallida.
6. Describe in detail a method of performing the Widal reaction.
7. Define pathogenic bacteria. Name three Gram negative pathologic diplococci.
8. Describe two ways in which the heart may be enlarged. Differentiate concentric, eccentric and simple hypertrophy.
9. Describe the gross appearance of the spleen and discuss the microscopic and macroscopic picture of this organ in miliary tuberculosis.
10. Discuss in detail the pathology of pyloric stenosis.
11. Describe in detail the usual pathology of hemorrhage of the brain.
12. Define anthracosis, atelectasis, bronchiectasis and give the etiology of each.

(Answer ten questions only)

**For Physician and Surgeon Applicants**

**CHEMISTRY AND TOXICOLOGY**

**H. E. Alderson, M. D.**

1 P. M. to 3 P. M., July 13, 1915

1. Discuss Ca, Cl<sub>2</sub>O, its common uses in medical practice and mode of action.



2. Define and discuss "supersaturated solution." Give and discuss an example.
3. Discuss the usual mode of preparing H Cl commercially.
4. What is soap chemically? Discuss its preparation.
5. Discuss the solubilities of sulphur, calcium chloride, iodine, sodium biborate.
6. Describe the proper equipment of a laboratory for the chemical examination of urine, gastric contents and stools.
7. Discuss arsenical poisoning (symptomatology and pathology).
8. Discuss the toxicology of  $\text{CH}_3\text{OH}$  and  $\text{C}_2\text{H}_5\text{OH}$ .
9. Discuss the toxicology of hydrargyrum chloridum corrosivum (including the pathology, prognosis and treatment).
10. Discuss digitalis poisoning.
11. Discuss muscarine poisoning.
12. Discuss "gas poisoning."

(Answer ten questions only)

**For Drugless Applicants Only**

**TOXICOLOGY AND ELEMENTARY CHEMISTRY**

**H. E. Alderson, M. D.**

1 P. M. to 3 P. M., July 13, 1915

1. Discuss the proper equipment of a laboratory for the teaching of elementary chemistry.
2. (a) Interpret the following symbols: Br, Na, Sb, Si, B.  
(b) Define "element" and describe and discuss one example.
3. Discuss  $\text{HgO}$ .
4. Discuss the uses of undiluted O.
5. Discuss the law of conservation of matter.
6. (a) Define "chemical reaction;" describe and discuss fully one example.  
(b) Discuss "valence" and give and discuss two examples.
7. Discuss arsenical poisoning (symptomatology and pathology).
8. Discuss the toxicology of  $\text{CH}_3\text{OH}$  and  $\text{C}_2\text{H}_5\text{OH}$ .
9. Discuss the toxicology of hydrargyrum chloridum corrosivum (including the pathology, prognosis and treatment).



10. Discuss digitalis poisoning.
11. Discuss muscarine poisoning.
12. Discuss "gas poisoning."

(Answer ten questions only)

For Physician and Surgeon Applicants

**MATERIA MEDICA, THERAPEUTICS, AND PHARMACOLOGY, INCLUDING PRESCRIPTION WRITING**

(Regular)

**H. E. Alderson, M. D.**

3 P. M. to 6 P. M., July 13, 1915

1. (a) Name two U. S. P. preparations and state the dosage (metric and apothecaries system) of each of the following: Mercury, sulphur, bismuth, iron, Rhamnus purshiana, nux vomica, iodine, arsenic, belladonna.  
(b) State briefly the main therapeutic indications for each of the foregoing preparations.
2. Write a prescription containing caffeine. Discuss the therapeutic indications and contraindications of the same.
3. Discuss the therapy of acute lobar pneumonia.
4. Discuss the therapy of acute nephritis.
5. Discuss the therapy of acute gonorrhoea (urethral).
6. Define and discuss tincture, fluid extract and elixir.
7. Discuss the composition of "Pilulae Catharticae composita" (U. S. P.) and the indications and contraindications
8. What is the "United States Pharmacopoeia?" Discuss its purposes.
9. What is hexamethylenamin? Give its dosage and discuss its principal therapeutic effects.
10. Discuss the indications and contraindications for the use of glandulae thyroideae siccae.
11. Name and discuss two vasoconstrictor and two vasodilator preparations.
12. Name and discuss four thyroid stimulants and four thyroid depressants.

Question No. 12 must be answered by all applicants.

(Answer ten questions only)



For Physician and Surgeon Applicants  
**MATERIA MEDICA, THERAPEUTICS, AND PHARMA-  
COLOGY, INCLUDING PRESCRIPTION WRITING**  
(Homeopathic)

**R. A. Campbell, M. D.**

3 P. M. to 6 P. M., July 13, 1915

1. Do vaccines or serums act homeopathically; if so, why and how; if not, why not?
2. Foetid breath, flabby tongue, throat sore externally, sensitive to cold air, perspires easily, straining at stool with tenesmus nocturnal aggravation. What remedy?
3. Name three drugs you would use for the following conditions, and give dose of each:
  - (a) To stop hemorrhage.
  - (b) To produce emesis.
  - (c) To stimulate the heart action.
  - (d) To relieve pain.
  - (e) To produce sleep.
4. What are provings and how are they obtained?
5. Differentiate apis, digitalis and arsenicum in dropsy.
6. What are characteristic symptoms, and how are they determined?
7. Discuss the treatment of constipation with indications for five remedies.
8. Diagnose a case of diabetes mellitus and discuss the treatment of the case.
9. Discuss arsenicum.
10. Give the indications for the following remedies in whooping cough: Drosera, mephitis, ipecac, hyoscyamus.
11. Differentiate between lachesis and sepia at the menopause.
12. Name three remedies useful in malaria with the specific indications for each.

(Answer ten questions only)

For Physician and Surgeon Applicants  
**MATERIA MEDICA, THERAPEUTICS, AND PHARMA-  
COLOGY, INCLUDING PRESCRIPTION WRITING**  
(Eclectic)

**H. V. Brown, M. D.**

3 P. M. to 6 P. M., July 13, 1915

1. Detail the uses of thuja:



- (a) Local.
- (b) General.
2. Give treatment for a case of persistent furunculosis.
3. Name three remedies which you consider of first importance in puerperal eclampsia.
4. What preparations of the following chemicals respectively are most used in internal medication: Formaldehyde, carbolic acid, turpentine, sulphur and potash?
5. In a case of pleurisy what would be the indications for asclepias, bryonia?
6. (a) Name three good intestinal antiseptics and tell how they act.
- (b) What are enzymes? How used in medicine? Example.
7. Give source, preparations and usage of hydrastis.
8. Give indications for these remedies in respiratory diseases: Sanguinaria nitrate, lobelia, ipecac, potassium bichromate, creasote.
9. Describe the condition calling for euphrasia; for berberis.
10. Give origin and uses of barosma; pinus canadensis; hydrangea.
11. Write a prescription containing a salt of iodine, designating age and disease of the patient.
12. Differentiate macrotys, viburnum and helonias in uterine affection.

(Answer ten questions only)

**For Physician and Surgeon and Drugless Applicants**

**OBSTETRICS AND GYNECOLOGY**

**Robert A. Campbell, M. D.**

10 A. M. to 12:30 P. M., July 14, 1915

1. (a) Under what conditions should labor be induced at the eighth month?
- (b) Give technique of procedure.
2. Define Hegar's Sign, ballottement, oligohydramnios, lineae albicantes, episiotomy.
3. Differentiate pregnancy at the fifth month from five other conditions causing enlargement of the abdomen.
4. Give the indications for version.
5. Discuss puerperal infection.
6. What is milk leg? Give etiology and treatment.



7. Name the female genital organs: (a) internal; (b) external.
8. Give blood supply of uterus, tubes and ovaries, with origin and distribution.
9. Describe the pelvic floor.
10. Post partum hemorrhage.
  - (a) Give four predisposing causes.
  - (b) Give four immediate causes.
  - (c) Give the treatment of a case.
11. Name the causes of dysmenorrhea.
12. Name the varieties of uterine fibroids. Tell how you would diagnose each variety.

(Answer ten questions only)

**For Physician and Surgeon and Drugless Applicants**

**PHYSIOLOGY**

**W. W. Vanderburgh, D. O.**

1:30 to 3:30 P. M., July 14, 1915

1. Discuss electro tonus.

**For Physician and Surgeon and Drugless**

1:30 to 3:30 P. M., July 14, 1915

1. Discuss electro tonus.
2. (a) What effects are noticed after removal of the salivary glands?  
(b) What is the effect of removal of the spleen?
3. Discuss the passage of substances through the alimentary canal and describe a satisfactory method of observing the same.
4. Discuss the role of the nervous system in voice and speech.
5. Describe the cardiac cycle.
6. Give the origin and function of (a) bile; (b) succus entericus; (c) steapsin; (d) rennin; (e) trypsin.
7. Discuss reaction of degeneration.
8. (a) Discuss the internal secretion of the ovary.  
(b) Discuss the internal secretion of the testicle.
9. From what sources and in what manner is fat formed?
10. Discuss the internal secretion of the pituitary body.
11. Discuss the relation of the nervous system to pancreatic secretion.
12. Describe a test for free hydrochloric acid in gastric juice.

(Answer ten questions only)



For Physician and Surgeon and Drugless Applicants

**ANATOMY AND HISTOLOGY**

W. R. Molony, M. D.

3:30 to 6 P. M., July 14, 1915

1. (a) Into what vein does the azygos vein empty?  
(b) Into what vein does the common facial vein empty?  
(c) Into what vein does the superior hemorrhoidal vein empty?  
(d) Into what vein does the external saphenous vein empty?  
(e) Into what vein does the cephalic vein empty?  
(f) Into what vein does the splenic vein empty?  
(g) Into what vein does the renal vein empty?  
(h) Into what vein does the left spermatic vein empty?  
(i) Into what vein does the ovarian vein empty?  
(j) Into what vein does the great cerebral vein empty?
2. (a) Give the location and formation of the ganglion sphenopalatina (Meckels); branches and parts supplied.  
(b) Location and formation of ciliary ganglion, with branches and parts supplied.
3. Course of the pneumogastric nerve; direct branches and principal distribution of each branch.
4. (a) Give description of microscopic appearance of normal spleen tissue.  
(b) Describe the external surface of the spleen.
5. Discuss the para-thyroid bodies.
6. Name (a) the extrinsic and intrinsic muscles of the tongue;  
(b) Give nerve supply to the dorsum of the tongue.
7. Describe (briefly) the scapula.
8. Name the muscles attached to the scapula.
9. Give the histology of the liver.
10. Discuss the gall bladder and the bile passages.
11. Discuss the diaphragm.
12. (a) Give the histology of the peritoneum.  
(b) Trace the outline of the greater sac in the vertical direction in the medial plane of a female.

(Answer ten questions only)



**For Physician and Surgeon and Drugless Applicants**

**HYGIENE AND SANITATION**

**D. L. Tasker, D. O.**

10 A. M. to 12 M., July 15, 1915

1. What are the factors which are concerned in the self-purification of water in streams and lakes?
2. Discuss the disposal of sewage when using it for irrigation purposes.
3. Discuss (a) pasteurization of milk; (b) certified milk.
4. What pathogenic bacteria are capable of living in soil?
5. What means can individual families use to protect from flies and mosquitoes?
6. Discuss (a) corrosive sublimate; (b) carbolic acid, as disinfectants.
7. Discuss the hygiene of the sick room during the time it is occupied by a patient:
  - (a) In the exanthemata.
  - (b) In the respiratory diseases.
  - (c) In the intestinal diseases.
8. Discuss prophylaxis in typhoid fever.
9. Discuss the artificial feeding of an infant two weeks old.
10. In what ways do gonorrhea and syphilis influence population? Why should these diseases be reportable?
11. Name six efficient disinfectants and indicate their application to different purposes.
12. What kinds of food may develop ptomaines, and under what conditions.

(Answer ten questions only)

**For Physician and Surgeon Applicants**

**GENERAL MEDICINE**

**H. V. Brown, M. D.**

2 P. M. to 4 P. M., July 15, 1915

1. (a) What is hematuria?  
(b) How may you determine the source?
2. Name four conditions of the circulatory system which may cause sudden death. Differentiate.
3. What is hemoptysis; epistaxis; haematemesis? Differentiate and give emergency treatment for one.
4. Discuss uremia.
5. Differentiate fully biliary colic and appendicitis.



6. Differentiate mitral regurgitation and mitral stenosis.
7. Give the symptoms and diagnosis of intestinal perforation.
8. Differentiate locomotor ataxia and general paresis.
9. Give etiology, prophylaxis and treatment of infantile colic.
10. Define blepharitis, chalazion, ectropion, myopia, astigmatism.
11. Give symptoms and treatment of pericarditis.
12. Differentiate acute pleurisy and intercostal neuritis.  
(Answer ten questions only)

**For Drugless Applicants Only**

**GENERAL DIAGNOSIS**

**H. V. Brown, M. D.**

2 to 4 p. m., July 15, 1915

1. Differentiate the eruptions of variola and varicella.
2. How would you diagnose early cancer of the rectum?
3. Discuss rachitis.
4. What are the signs of degeneration of the anterior horns of the lumbar segment of the spinal cord.
5. Define arythmia; tachycardia; precardia.
6. Diagram and name the six divisions of the abdomen diagnostically, including a drawing of the organs found in the superior division.
7. Name four diseases in which leucocytosis is prominent.
8. Differentiate diagnosis of typhoid fever and tubercular peritonitis.
9. What are the surface markings of the normal heart?
10. (a) Outline the procedure for a complete examination of the lungs.  
(b) What are the surface markings of the normal lungs?
11. What is a psoas abscess?
12. What is the Widal reaction? Give technique of procuring specimens for same.  
(Answer ten questions only)

**For Physician and Surgeon Applicants**

**SURGERY**

**H. Clifford Loos, M. D.**

10 A. M. to 12 M., July 16, 1915

1. (a) Describe active congestion.  
(b) Describe passive congestion.  
(c) Describe inflammation.



2. Define abscess; carbuncle; furuncle; septicemia and pyemia.
3. Describe, give etiology and treatment of osteomyelitis and name part of bone most frequently affected.
4. What is shock and how is it treated?
5. Distinguish intermediate from secondary hemorrhage and give preventive treatment of each.
6. Describe the following forms of sutures: Interrupted, button, continued, buried, mattress, figure of eight, secondary.
7. How is resection of the spinal accessory nerve effected.
8. Mention varieties of dislocation of clavicle and describe treatment of one variety.
9. What are symptoms of fracture of the vertebrae? Detail ordinary treatment.
10. Name causes of dysphagia from pharyngeal involment; from laryngeal involment; from esophageal involment.
11. Define angionoma; chondroma; glioma; epulis; adenoma; dermoid.
12. Describe varieties of hydrocele of testis; of hydrocele of cord.

(Answer ten questions only)



# THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Polyclinic.

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

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## CANCER NUMBERS

From time to time we are importuned to devote a special number to a consideration of the cancer question. At the present time we are unable to see that any particular good would be gained thereby. Several journals have gotten out such special numbers and some of them we have read more or less thoroughly with but little profit. They are usually designated cancer research numbers but it would be more accurate to designate them as cancer rehash numbers. While it is true that the cancer problem is a large one it does not follow that it's proper treatment is also a large one nor does it require much printer's ink to tell it.

With rare exceptions cancer begins as a local disease and it is usually curable in this stage. The cure depending upon the very simple and universally known fact that the disease must be completely and entirely removed at an early stage of its development. It matters little whether this is done with a knife, chemical caustics, actual cautery, electricity or some form of radiation. Should the disease be so located that it is



comparatively isolated from the remainder of the body these indications may be met with ease and certainty. Should the disease be located within the body or upon some important organ the difficulties are manifold and require not a little skill and judgment to reach a successful conclusion. Still, many of these cases are cured.

In its later stages the disease becomes disseminated throughout the body and is no longer curable. Unfortunately the majority of patients first consult the doctor when the disease is no longer local or when it has passed into that borderland between the two stages. The most promising of these cases should be given the benefit of the doubt and the local disease removed. After the disease is certainly systemic it is more than optimism to encourage the idea of a permanent cure.

### PELLAGRA

G. M. Williams, M. D., Merkel, Texas

In nearly every country in which pellagra has developed the disease was known among the people in the rural districts before it was noticed in the medical literature of the country. The name was given the disease by the common people and not by the physician.

I consider that I am dealing with the greatest problem that confronts the American people of the South. I will not go back of the beginning of the seventeenth century with this paper. The disease was well known in Spain at this time. Dr. Townsend, 1787, in his work, Vol. 1, page 289, is the oldest writings of English literature in which I have been able to find a record of the disease.

Pellagra was recorded in American, 1864, by Dr. John T. Gray, of New York. There were several physicians who reported cases during 1864-65; then we find no more records till 1883.

There are two theories as to the cause of pellagra, one claiming it due to the use of damaged grain; the other, that it is due to living close to a stream and using infected water. I will not discuss this part, but will say that meeting with as many cases as I have in West Texas, I can't agree that it is caused by living near a stream.

There has been entirely too much speculation and too little investigation. This disease prevails mostly during spring and summer, but does begin its first attack in the winter. The incubation period is a matter of speculation. But we know that



the period is less than five months. The symptoms in the beginning are a sluggish, exhausted feeling, lower limbs ache and feel weak (in women a profuse leucorrhea will not yield to treatment), atrophy of the muscles, loss of appetite, sore mouth, a copper taste, excessive secretions of saliva and a diarrhea, a raw beef-like tongue, dimness of vision, sometimes double vision, very easily excited, can't sleep good, there is melancholia. Then the eruption makes its appearance on the elbows and across the knuckles. It resembles sunburn and will many times be called that. Both mouth and hands will burn, as though you had something hot close to them. The feet also break out. We should always remember that pellagra has a symmetrical spot on the opposite side, if it is on one hand it is on both, and so on.

**Treatment.**—I use arsenic (Fowler's solution), and the cacodylate of sodium, hydrochloric acid for the stomach, phosphorus, chionanthus, phytolacca, echinacea, chlorine water, These are given as they are indicated. Give an enema of salt water every day; use a suppository at night of mutton suet; also use it on all parts that have any eruptions; this will furnish food for the skin. Use a salt bath every third day. I mean to bathe in hot water, then rub salt all over the body, wait a few minutes and dry off with a towel. Order patient to keep quiet for thirty days, and then keep away from the sun's rays for thirty days longer.

The diet should be small in quantity, but rich in nutrition. Cream, eggs, beef extract, butter, cheese, but no corn bread.

After all symptoms have disappeared for two months, stop the medicine for a month or two, then begin the same as before, and continue in this way for three years.—Eclectic Medical Journal.

### THE ALKALOID AND THE WHOLE PLANT DRUG

A writer in the Medical Council, Dr. Potts, while presenting a most excellent letter to the readers of that journal in pinning faith on single remedies with positive belief in their selective action, especially argues in favor of the alkaloids, asks: "Who now uses opium when he wants morphine?" "Why use jaborandi when we have pilocarpine? Why carry pounds of liquids when you have the same action from a pellet? Why use belladonna in preference to atropine, or nux vomica in preference to strychnine?"

In this query the doctor misleads, very seriously, those who have not observed both sides of this class of remedies. No



one, learned in the use of these remedies, will use one for the other. He asks who uses opium for morphine. This supposes that morphine covers the ground of opium fully, which it certainly does not do.

Anyone who has used both of these preparations in medicinal doses can obtain results from fluid preparations of opium, in inflammatory conditions, that are simply impossible with morphine. Any one who uses jaborandi for atrophic diseases of the skin, or imperfect action of the sweat glands, using it in small doses, over a long period, is positively convinced, when he knows fully the action of pilocarpine, that he cannot get the same results from that alkaloid.

He who uses *nux vomica* for chronic atonic conditions of the stomach or intestinal tract does not think of undertaking to secure the same results from strychnine, even when he knew that remedy well, and he who uses very small doses of a good fluid preparation of belladonna throughout all of the local inflammatory conditions of childhood would fail in at least seventy-five per cent of his cases, if he depended upon atrophine, and so throughout all of the alkaloid-carrying drugs.

The two remedies are equally important, but they must positively be studied separately. They must be considered each with referenec to its own characteristic action.

On the other hand, no plant must be discarded because it does not carry an alkaloid, because there are subtle, active, reliable and invariable medicinal principles in these plants that cannot be determined by any laboratory or scientific experimentation, that can as yet (what the future will do cannot be declared) be determined only by clinical and bedside observation.

As an instance, one of the most powerful, the most helpful, the most important of the vegetable remedies when thoroughly known in its field is *bryonia*, and yet physiologic or laboratory observation will consign it to oblivion.

These facts are growing upon the entire profession, as great, essential, underlying truths, and they cannot and must not be overlooked. Like many of the "deep things of God," they are rejected because science does not readily explain them.—Ed. Ellingwood's Therapeutist.



**THE SHORTENING DAYS OF LIFE**

We say and hear it said with a good deal of complacency that the average length of human life is considerably increased over what it was a generation or half a century ago. This is true in a certain statistical sense, but is quite false in the ordinary sense in which the statement that men and women now live longer than formerly would be understood. The principal cause of the low average length of life of former years lay in the enormous infantile mortality. If you take a million infants who died before they were one year old and add them to men and women who died at the age of 30, 40, 50, 60, 70, etc., naturally the average length of life would be greatly decreased. At the present time infantile mortality has been greatly lessened, and instead of that million of dead infants we only have to take half a million or a quarter of a million, and even less. Naturally this increases the average length of life. But it does not mean that men and women on the average live longer than in former years. On the contrary, just the opposite is true.

The expectation of life at the age of 40 is now less than it was twenty-five or fifty years ago. For what we call diseases of degeneration, particularly diseases of the kidneys, heart and blood vessels, are distinctly on the increase, particularly among mental workers and people of sedentary occupations. Cases of deaths from heart disease, apoplexy, kidney disease, etc., are becoming more and more frequent, and a strong warning to the people is necessary—a warning that, unless we stop for a while in our mad struggles for achievement, unless we heed the common sense rules of hygiene, unless we indulge daily in some healthy exercise (of which walking is the simplest and cheapest), the diseases of degeneration will go on progressively increasing, and the years of life, which is short enough as it is, will become still shorter.—Critic and Guide.

**SOCIETY CALENDAR**

National Eclectic Medical Association meets in Cedar Point, Ohio, June 1916. T. D. Adlerman, M. D., New York, president; W. P. Best, M. D., Indianapolis, Ind., secretary.

Eclectic Medical Society of the State of California meets in San Francisco June, 1916. Chas. Clark, M. D., San Francisco, president; H. F. Scudder, M. D., Los Angeles, secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May 5, 1915. J. F. Barbrick, M. D., Los Ang-



es, president; H. C. Smith, M. D., Los Angeles, secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. O. C. Welbourn, M.D., Los Angeles, Cal., president; J. M. Cleaver, M.D., Los Angeles.

### **THE LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY**

The regular meeting of the Los Angeles County Eclectic Medical Society was called to order by President Welbourn at the offices of Dr. J. Fraser Barbrick, 635 Consolidated Realty Building, September 7, 1915.

The minutes of the previous meeting were read and accepted.

The name of Dr. A. A. Prall of Anaheim, Cal., was proposed for membership in the society and after having been duly acted upon by the Board of Censors, consisting for the evening, of Drs. Barbrick, Caryl and Cleaver, he was elected to active membership.

Dr. Crook not being present, no paper was read.

Dr. Barbrick suggested that the meeting engage in a general discussion as to ways and means of gathering the Eclectics of this part of the State into closer communion.

As a result of the discussion a motion was carried that the October meeting be held in conjunction with a dinner, to which all members of the Society and other Eclectic physicians be urged to attend.

The following committee was appointed by the President to arrange the necessary details: Drs. Scudder, Allen and Clinton Roath.

Dr. Caryl was asked to write the paper for the October meeting.

Upon motion the meeting adjourned.

DR. O. C. WELBOURN, President.

DR. JOHN M. CLEAVER, Secretary.

The regular meeting of the Los Angeles County Eclectic Medical Society will be held Tuesday evening, October 5, at 6:30 p. m., at Christopher's Cafe, at which time a dinner will be served. Afterwards there will be a business meeting and a paper by Dr. Caryl, entitled "What Shall We Do to Be Saved?" All members are urged to be present and friends may be invited—but reservations must be made with Dr. H. Ford Scudder, chairman of the committee, before the date of the dinner.



**NEWS ITEMS**

Dr. P. M. Welbourn, Los Angeles, was in San Francisco last month visiting the Panama-Pacific Exposition.

Dr. H. J. C. Sprehn has gone to Reno, Nevada, to open an office. Dr. J. P. Martin, a staunch Eclectic, is also located in the same city.

Dr. and Mrs. L. E. Russell of Springfield, Ohio, spent a few days in Los Angeles last month. They were traveling in a private car with a party of friends and visiting the San Diego Fair, Yosemite and the San Francisco Fair.

Dr. Lawrence T. Keegan, Santa Barbara, was in Los Angeles during the first of last month. Dr. Keegan was en route home after spending several months in post-graduate work in the hospitals of Chicago, and Rochester, Minn.

Dr. J. A. Munk has returned from Arizona where he witnessed the annual snake dance of the Moqui Indians. The Doctor has kindly written an article concerning his trip which we take pleasure in publishing in this issue—also we reproduce two from among his large collection of kodac pictures.

Dr. J. R. Buckingham, graduate of the California Eclectic Medical College, 1915, was successful in passing the examinations of the California Medical Board in July and will begin the practice of his profession in Big Pine, Inyo County, California, where we hope he will meet with great success.

**FOR SALE**—The medical library and surgical instruments of a deceased physician are for sale—these have all been purchased within the last ten years and can be bought at a bargain. For particulars write in care of this office.

Dr. E. R. Petsky, who has been located in Mexico for some months, is now in El Paso, Texas, having left Mexico when all foreigners were ordered out of that country.

**OBSCURE SYMPTOM**

A doctor attended an old lady from Scotland who had caught a severe cold.

“Did your teeth chatter when you felt the chill coming over you?” asked the doctor.

“I dinna ken, doctor; they were lying on the table,” was the pleasant reply.—Judge.

**PROFESSIONAL CURIOSITY**

First Doctor—I operated on him for appendicitis.

Second Doctor—What was the matter with him?—Life.



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	Price.	Club Rate.
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California Eclectic Med. Journal, 819 Security Bldg., Los Angeles.....	1.00	.90
Eclectic Medical Journal, 630 W. 6th., Cincinnati, Ohio .....	2.00	1.80
Eclectic Medical Review, 242 W. 73rd St., New York, N. Y. ....	1.00	.90
Ellingwood's Therapist, 32 N. State St., Chicago, Ill. ....	1.00	.90
National E. M. A. Quarterly, 630 W. 6th, Cincinnati, Ohio .....	1.00	.90
Nebraska Medical Outlook, Bethany, Nebr. ....	1.00	.90

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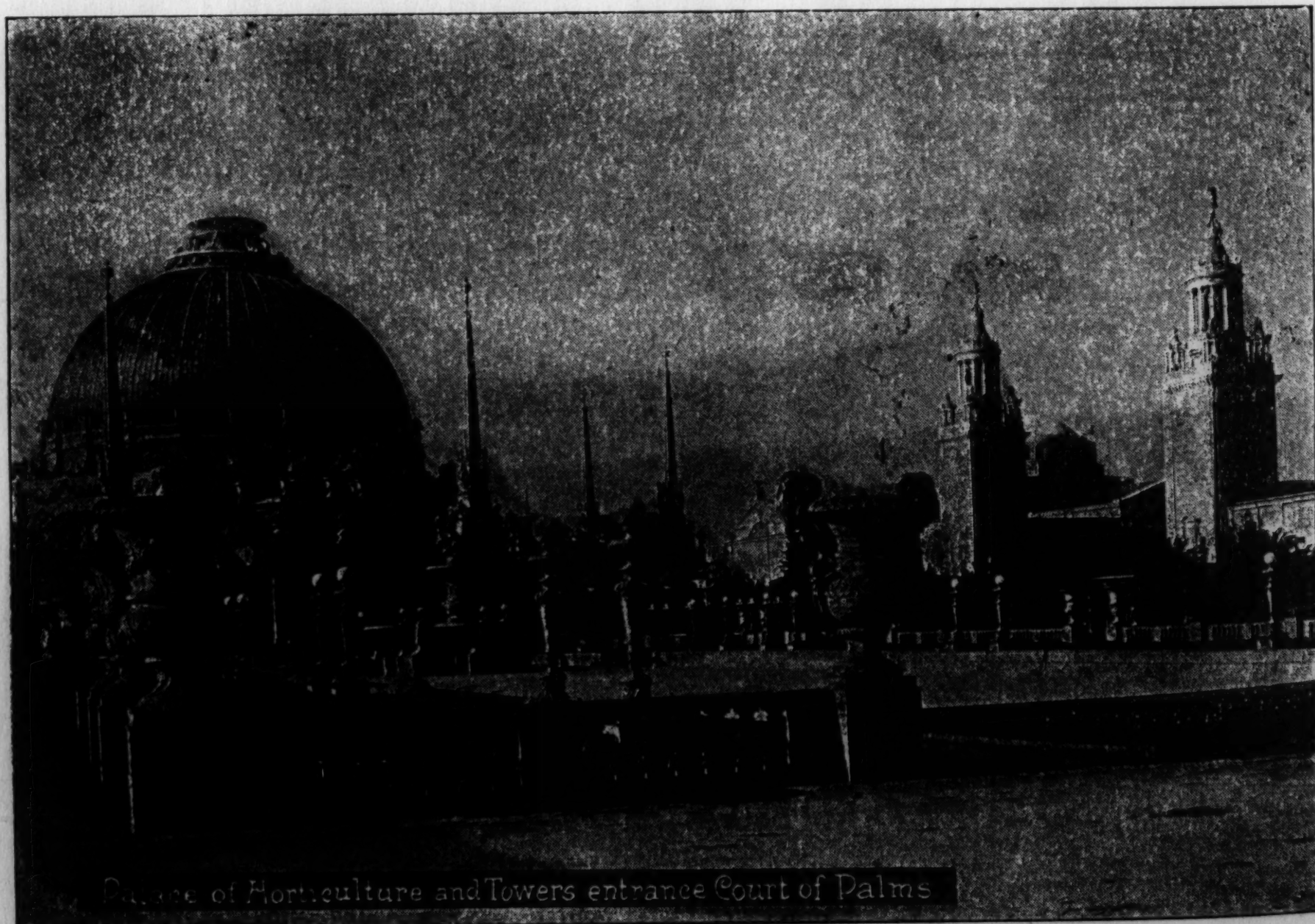


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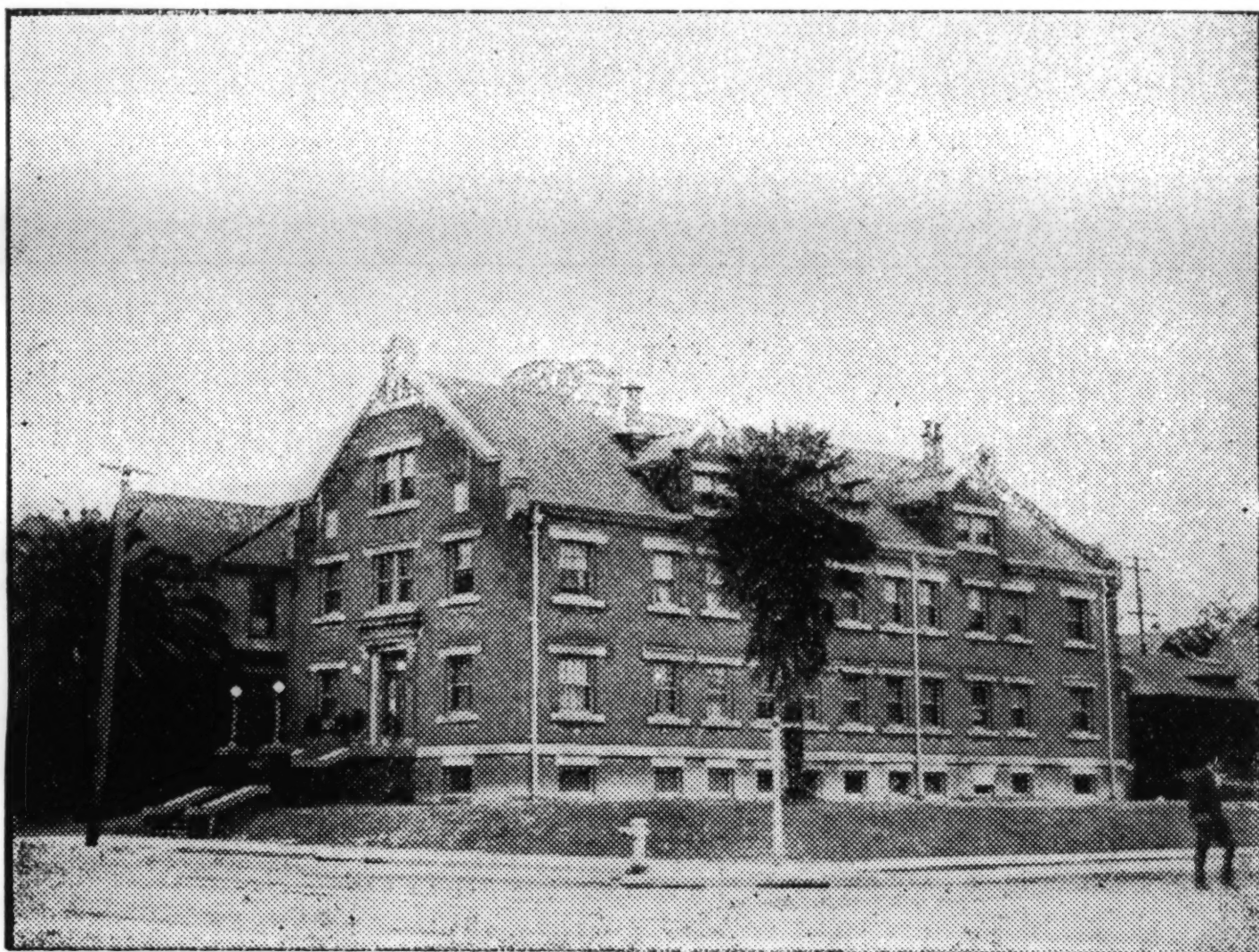
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